

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary Office of Procurement and Support Services – Sharon Gambrill, CPPB, Director

REQUEST FOR PROPOSALS DEVELOPMENTAL DISABILITIES ADMINISTRATION

"Utilization Review and Authorization of Services" DHMH OPASS #14-10960

Addendum #2 Issued: April 2, 2013

All persons who are known by the Issuing Office to have received the above-referenced RFP are hereby advised of the following revisions:

Section 2 Minimum Qualifications

NOW READS:

2.1.1 In order to submit a proposal and be eligible for award, an Offeror must be a Medicaideligible provider meaning not on the following exclusion lists. An Offeror must not be on the Health and Human Services (HHS) Office of the Inspector General's List of Excluded Individuals and Entities (LEIE), or the federal General Services Excluded Parties list (EPLS). Links to the LEIE and EPLS lists are as follows:

a. LEIE: Go here: http://oig.hhs.gov/exclusions/exclusions list.asp

b. EPLS: Go here: https://www.epls.gov/epls/jsp/FAO.jsp

REPLACE WITH:

2.1.1 In order to submit a proposal and be eligible for award, an Offeror must be a Medicaideligible provider meaning not on the following exclusion lists. An Offeror must not be on the Health and Human Services (HHS) Office of the Inspector General's List of Excluded Individuals and Entities (LEIE), or the federal General Services Excluded Parties list (EPLS). Links to the LEIE and EPLS lists are as follows:

a. LEIE: Go here: http://oig.hhs.gov/exclusions/exclusions list.asp

b. EPLS: Go here https://explore.data.gov/Information-and- Communications/Excluded- Parties-List-System-EPLS-/bxfh-jivs

Section 3.4 - Specific Work Requirements

NOW READS:

- 3.4.1 Authorization of Services (AOS):
 - b. The Contractor shall review high utilization add-on reviews annually as well as reviews selected by DDA as a random sample of people who are receiving DDA funded services quarterly. The number of reviews to be conducted is based on the need for authorization results to be reliable and representative of the level of service provided to people in service. The Contractor will also ensure that the services requested meet medical necessity, when appropriate.
 - 2) The Contractor shall review quarterly a random sample of existing services per the Administration's request.

REPLACE WITH:

- 3.4.1 Authorization of Services (AOS):
 - b. The Contractor shall review high utilization add-on reviews annually as well as quarterly reviews selected by DDA as a random sample of people who are receiving DDA add-on funded services. The number of reviews to be conducted is based on the need for authorization results to be reliable and representative of the level of service provided to people in service. The Contractor will also ensure that the services requested meet medical necessity, when appropriate.
 - 2) The Contractor shall review quarterly a random sample of existing **add-on** services per the Administration's request.
 - c. **NOW READS:** RFSC Form Attachment Q **REPLACE WITH:** RFSC Form **Attachment R**

Section 3.4.2 - Utilization Review

- NOW READS: Sample Audit Report Form Attachment N REPLACE WITH Attachment O;
 NOW READS: CSLA UR Review Audit Form Attachment O REPLACE WITH Attachment P
- d. **NOW READS**Consumer satisfaction questions can be found at Attachments N and O and can be used to measure levels of consumer satisfaction achieved by each Contractor employee.

REPLACE WITHConsumer satisfaction questions can be found at **Attachments O and P** and can be used to measure levels of consumer satisfaction achieved by each Contractor employee.

- e. 1) **NOW READS**Samples of these forms are in Attachments N, O and P, respectively. **REPLACE WITH**Samples of these forms are in Attachments **O**, **P** and **Q**, respectively.
 - 4) NOW READSSamples of the forms in use are found at Attachments N, O and P. The Contractor shall submit copies of the documents it intends to use in final form modeled after Attachments N, O and P to the Contract Monitor by NTP + 15 calendar days for approval. The Contractor will make any changes required by the Contract Monitor.
 REPLACE WITHSamples of the forms in use are found at Attachments O, P and Q. The Contractor shall submit copies of the documents it intends to use in final form modeled after Attachments O, P and Q to the Contract Monitor by NTP + 15 calendar days for approval. The Contractor will make any changes required by the Contract Monitor.

Section 3.6 Reports

- 3.6.1 **NOW READS**DDA makes a determination which is documented in writing using the standardized template included as Attachment Q. ...
- 3.6.1 **REPLACE WITH**DDA makes a determination which is documented in writing using the standardized template included as **Attachment R....**

Section 4.4 Volume 1 – Technical Proposal

NOW READS:

- 4.4.3.5 Offeror Technical Response to RFP Requirements and Proposed Work Plan
- h.The samples of the forms in use are found at Attachments N, O and P.
- i.DDA's Request For Service Change form (Attachment Q) as required by RFP Section 3.4.1c.

REPLACE WITH:

- 4.4.3.5 Offeror Technical Response to RFP Requirements and Proposed Work Plan
- h.The samples of the forms in use are found at Attachments **O**, **P** and **Q**.
- i.DDA's Request For Service Change form (Attachment **R**) as required by RFP Section 3.4.1c.

All other terms and conditions remain unchanged.

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Page 4 Addendum #2 DHMH OPASS 14-10960

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer.

April 2, 2013 Date Sharon R. Gambrill
Sharon R. Gambrill, CPPB
Procurement Officer, DHMH
Office of Procurement and Support Services

Page 5 Addendum #2 DHMH OPASS 14-10960

Upon receipt, please return the addendum acknowledgement via fax, email or hardcopy to:

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Developmental Disabilities Administration
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Baltimore, MD. 21201
410.767.6001
410.767.5850 (fax)
Michele.ferges@maryland.gov

ADDENDUM ACKNOWLEDGEMENT

I acknowledge receipt of Addendum #2 to DHMH OPASS #14-10960 titled "Utilization Review and Authorization of Services" dated April 2, 2013.

Vendor's	Name
Authorize	ed Signatory – (Print/Type)
	,
 Date	